

*Landscape of Plan
Options in
Connecticut*

Medicare_{Rx}
Prescription Drug Coverage

Stand-Alone Prescription Drug Plans

1-800-MEDICARE
TTY 1-877-486-2048
www.medicare.gov



Connecticut 2007 Medicare Part D Stand-Alone Prescription Drug Plans

Data as of September 12, 2006. Includes all contracts/plans regardless of 2007 approval status. Employer sponsored plans (800 series) are excluded.

Company Name	Plan Name (and ID Numbers)	Benefit Type	\$0 Premium with Full Low-Income Subsidy?	Offers Variable Co-payments	Monthly Drug Premium	Annual Drug Deductible	Type of Extra Coverage Offered in the Gap
Aetna Medicare	Aetna Medicare Rx Essentials (S5810-036)	Basic		•	\$28.30	\$200	
	Aetna Medicare Rx Plus (S5810-138)	Enhanced		•	\$42.60	\$0	
	Aetna Medicare Rx Premier (S5810-172)	Enhanced		•	\$71.80	\$0	Generics
Anthem Blue Cross and Blue Shield	Blue MedicareRx Value (S2893-014)	Basic	•	•	\$22.00	\$265	
	Blue MedicareRx Value Plus (S2893-001)	Enhanced		•	\$30.30	\$0	
	Blue MedicareRx Premier (S2893-003)	Enhanced		•	\$45.80	\$0	Generics
CIGNA HealthCare	CIGNATURE Rx Value Plan (S5617-008)	Basic	•	•	\$21.10	\$265	
	CIGNATURE Rx Plus Plan (S5617-010)	Enhanced		•	\$29.10	\$0	
	CIGNATURE Rx Complete Plan (S5617-172)	Enhanced		•	\$39.10	\$0	Generics
Coventry AdvantraRx	AdvantraRx Value (S5674-008)	Enhanced		•	\$24.10	\$0	
	AdvantraRx Premier (S5674-009)	Basic		•	\$35.00	\$0	
	AdvantraRx Premier Plus (S5674-011)	Enhanced		•	\$48.40	\$0	Generics
EnvisionRx Plus	EnvisionRxPlus Standard (S7694-002)	Basic			\$42.00	\$265	
	EnvisionRxPlus Gold (S7694-036)	Enhanced		•	\$60.50	\$0	Generics
First Health Part D	First Health Premier (S5768-038)	Basic		•	\$27.40	\$0	
	First Health Select (S5768-050)	Enhanced		•	\$39.80	\$0	Generics
Health Net	Health Net Orange Option 1 (S5678-004)	Basic	•	•	\$24.30	\$265	
	Health Net Orange Option 2 (S5678-010)	Basic		•	\$29.00	\$0	
	Health Net Orange Option 3 (S5678-072)	Enhanced		•	\$44.10	\$0	Generics
HealthSpring Prescription Drug Plan	HealthSpring Prescription Drug Plan -Reg 2 (S5932-003)	Basic	•		\$24.70	\$265	
Humana Insurance Company	Humana PDP Standard S5884-061 (S5884-061)	Basic	•		\$16.90	\$265	
	Humana PDP Enhanced S5884-002 (S5884-002)	Enhanced		•	\$25.80	\$0	
	Humana PDP Complete S5884-031 (S5884-031)	Enhanced		•	\$87.40	\$0	Generics
Medco YOURx PLAN	Medco YOURx PLAN (S5660-003)	Basic		•	\$35.40	\$100	
MEMBERHEALTH	Community Care Rx BASIC (S5803-071)	Basic	•	•	\$27.20	\$265	
	Community Care Rx CHOICE (S5803-139)	Enhanced		•	\$35.60	\$0	
	Community Care Rx GOLD (S5803-219)	Enhanced		•	\$43.10	\$0	Generics
NMHC Group Solutions	NMHC Medicare PDP Gold (S8841-002)	Basic		•	\$30.50	\$0	
Pennsylvania Life Insurance Company	Prescription Pathway Gold Plan Reg 2 (S5597-035)	Enhanced		•	\$23.20	\$0	
	Prescription Pathway Bronze Plan Reg 2 (S5597-068)	Basic	•		\$25.20	\$265	
	Prescription Pathway Platinum Plan Reg 2 (S5597-200)	Enhanced		•	\$43.70	\$0	Generics
RxAmerica	Advantage Star Plan by RxAmerica (S5644-068)	Basic	•	•	\$23.20	\$265	
	Advantage Freedom Plan by RxAmerica (S5644-047)	Basic		•	\$27.90	\$265	
SAMAScript	SAMAScript (S7950-002)	Basic			\$45.20	\$265	
SilverScript	SilverScript (S5601-004)	Basic	•	•	\$24.40	\$265	
	SilverScript Plus (S5601-005)	Enhanced		•	\$33.00	\$0	
	SilverScript Complete (S5601-073)	Enhanced		•	\$37.40	\$0	Generics
Sterling Prescription Drug Plan	Sterling Rx (S4802-023)	Basic	•	•	\$27.00	\$100	
	Sterling Rx Plus (S4802-035)	Enhanced		•	\$52.40	\$100	Generics
Unicare	MedicareRx Rewards Value (S5960-002)	Basic	•	•	\$22.10	\$265	
	MedicareRx Rewards Premier (S5960-072)	Enhanced		•	\$42.20	\$0	Generics

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United American Insurance Company	UA Medicare Part D Rx Covg - Silver Plan (S5755-041)	Basic			\$30.40	\$265	
	UA Medicare Part D Prescription Drug Cov (S5755-006)	Enhanced		•	\$39.80	\$0	
UnitedHealthcare	AARP MedicareRx Plan - Saver (S5921-181)	Basic	•	•	\$18.50	\$265	
	AARP MedicareRx Plan (S5820-002)	Basic	•	•	\$26.30	\$0	
	UnitedHealth Rx Basic (S5921-182)	Basic		•	\$28.00	\$0	
	UnitedHealth Rx Extended (S5820-106)	Enhanced		•	\$41.10	\$0	
	AARP MedicareRx Plan - Enhanced (S5921-183)	Enhanced		•	\$43.80	\$0	Generics
WellCare	WellCare Classic (S5967-139)	Basic	•	•	\$13.40	\$265	
	WellCare Signature (S5967-036)	Basic	•	•	\$21.50	\$0	
	WellCare Complete (S5967-070)	Enhanced		•	\$36.80	\$0	Generics